

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91464 019 ***150.00

DOCUMENT # P02000080936

1. Entity Name
A & D GARDEN REALTY CORP.



Principal Place of Business

~~XXXXXXXXXXXX~~
~~XXXXXXXXXXXX~~

Mailing Address

~~XXXXXXXXXXXX~~
~~XXXXXXXXXXXX~~

2. Principal Place of Business

17230 W. Dixie Highway

3. Mailing Address

17230 W. Dixie Highway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

North Miami, Florida

City & State

North Miami, Florida

4. FEI Number

32-0028576

Applied For

☐ Not Applicable

Zip
33160

Country
USA

Zip
33160

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~XXXXXXXXXXXXXXXXXXXX~~
~~XXXXXXXXXXXXXXXXXXXX~~
~~XXXXXXXXXXXXXXXXXXXX~~

7. Name and Address of New Registered Agent

Name
Mark L. Pomeranz, Esquire

Street Address (P.O. Box Number is Not Acceptable)
12955 Biscayne Boulevard, Suite 202

City
Miami

FL

Zip Code
33181

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/25/03

FILE NOW!! FEE IS \$180.00
After May 1, 2003 Fee will be \$450.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D PERCY, ARTHUR
161 NE 163RD STREET
MIAMI, FL 33179

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
X
XXXXXXXXXXXX
XXXXXXXXXXXX
XXXXXXXXXXXX

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D KLIGERK, GRIGORY
161 NE 163RD STREET
MIAMI, FL 33179

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Arthur Percy, as Director

DATE

Daytime Phone #

CR2E034 (10/02)